

Form approved
Office of Management
and Budget
No. 1215-0188
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For Official Use Only

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Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

Signature _____

Signed

On

Date _____

Telephone Number

Name of Person Filing **Edgar Romney**File Number U- **01956**

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Amalgamated Bank**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **15 Union Square**City **New York**State **New York**ZIP Code + 4 **10003**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Amalgamated Bank**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **15 Union Square**City **New York**State **New York**ZIP Code + 4 **10003**

11.a. Nature of such dealing.

Cost	# of Shares	Price Per Share
\$4,975	25	\$199

11.b. Approximate dollar value of such dealing.

\$6,389

12.a. Nature of interest held or income received.

\$561.00 in dividends
\$20,850.00 in fees

12.b. Amount.

\$21,411

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.